Professional Disclosure Statement Paula Helsby, LPC 103 South First St. STE 200, P.O. Box 1001, Silverton, OR 97381 117 NE 3rd Ave, Canby, OR 97013 paula@counselingbypaula.com www.counselingbypaula.com

Philosophy and Approach: My philosophy and approach to counseling is to enable people to grow in the direction they choose, to solve problems, and to face crises. My approach to counseling includes building a relationship through trust, and respect and to facilitate positive action. My approach is to help facilitate action toward that person's goals which are generally reduced to changes in behavior and lifestyle, awareness or insight and understanding, relief from suffering, and change in thoughts and self perceptions.

Formal Education and Training:

Master's of Arts in Scripture (2007), Mt. Angel Seminary. St. Benedict, Oregon.

Master's of Science in Counseling (1991), Oregon State University/Western Oregon State College. Major Coursework: Group Dynamics and Counseling Theories.

Master's of Arts in Theology (1983), Mt. Angel Seminary. St. Benedict, Oregon.

Bachelor of Science in Administration of Justice (1975). Portland State University, Portland, Oregon.

As a Licensee of the Oregon Board of Licensed Professional Counselors and Therapists, I abide by its <u>Code of Ethics</u>. To maintain my license I am required participate in continuing education, taking classes dealing with subjects relevant to this profession.

Fees: My private practice fee is \$140.00 for Intake services for 55-60 minutes session and therapy services \$90.00 for 55-60 minutes.

As a Client of an Oregon licensee, you have the following rights:

- To expect that a licensee has met the qualifications of training and experience required by state law:
- To examine public records maintained by the Board and to have the Board confirm credentials of a licensee;
- To obtain a copy of the Cod of Ethics (Oregon Administrative Rule 833-100);
- To report complaints to the Board;

- To be informed of the cost of professional services before receiving the services;
- To be assured of privacy and confidentiality while receiving services as defined by rule or law, with the following exceptions: 1) Reporting suspected child abuse; 2) Reporting imminent danger to you or others; 3) Reporting information required in court proceedings or by your insurance company, or other relevant agencies; 4) Providing information concerning licensee case consultation or supervision; and 5) Defending claims brought by you against me;
- To be free from discrimination because of age, color, culture, disability, ethnicity, national origin, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

You may contact the Board of Licensed Professional Counselors and Therapists at 3218 Pringle Rd. SE, #120, Salem, OR 97302-6312 Telephone: (503) 378-5499 Email: <u>lpct.board@state.or.us</u> Website: <u>www.oregon.gov/OBLPCT</u>

For additional information about this counselor or therapist, consult the Board's website.